



ALABAMA DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMS

208 Legends Court, Prattville, AL 36066



EMS Individual Licensure Application

* All pages of this form must be typed to be approved *

* Do not mail cash *

Application Level	Identification
<input type="checkbox"/> Paramedic <input type="checkbox"/> EMT <input type="checkbox"/> Advanced EMT <input type="checkbox"/> EMR <input type="checkbox"/> Intermediate	Social Security Number: _____ - _____ Date of Birth: _____ / _____ / _____ Alabama EMS License # _____ EMS ID: _____ (If Initial License, Leave Blank) (Required)
Endorsements	Personal Information
<input type="checkbox"/> Interfacility Transfer <input type="checkbox"/> Critical Care Endorsement (Attach Application) <input type="checkbox"/> Tactical Endorsement (Attach Application)	First Name: _____ Last Name: _____ MI: _____ Home Address: _____ Street Apt # / Lot # / Suite # City County State Zip Mailing Address: _____ (If Different) Street Apt # / Lot # / Suite # City County State Zip E-mail Address: _____ @ _____
Application Classification	Race Gender Phone Numbers
<input type="checkbox"/> Initial License \$40 <input type="checkbox"/> Restricted License \$40 <input type="checkbox"/> Renewal \$40 (Active/Restricted) <input type="checkbox"/> Renewal - Expired \$90 (Includes Restricted) <input type="checkbox"/> Reclassification \$12 <input type="checkbox"/> Reinstatement \$12 <input type="checkbox"/> Reprint/Name Change \$12 <input type="checkbox"/> Citizenship Update \$12	Native American <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Work Phone (____) ____ - ____ Cell Phone (____) ____ - ____
Citizenship Form (One Time Submission Only)	Alabama EMS Office Use Only
<input type="checkbox"/> Citizenship Form Included	Fee 1 Check M/O# _____ (Payable to ADPH) <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> EFT Payer Name: _____ <input type="checkbox"/> Bulk Payment <input type="checkbox"/> Money Order Allocated: _____ of _____ Rec'd By: _____ Rec'd Date: _____ Deposit #: _____
Citizenship Form & Documentation Must be a legible copy	Fee 2 Check M/O# _____ (Payable to ADPH) <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> EFT Payer Name: _____ <input type="checkbox"/> Bulk Payment <input type="checkbox"/> Money Order Allocated: _____ of _____ Rec'd By: _____ Rec'd Date: _____ Deposit #: _____
<input type="checkbox"/> State Driver's License/ID (Approved States Only) <input type="checkbox"/> Other (See approved list)	
Licensure Disclosure	Received Date (Office Use Only)
If you answer "YES" to any of the following questions, you must provide official documentation that fully describes the offense (or condition), the current status and disposition of the case, and a detailed personal statement. YES NO <input type="checkbox"/> <input type="checkbox"/> Have you been diagnosed with, or do you have a medical, physical, mental, emotional, or psychiatric condition that may affect your ability to safely practice as an EMS professional? <input type="checkbox"/> <input type="checkbox"/> Have you ever been convicted of any criminal act? (Do not include minor traffic violations) <input type="checkbox"/> <input type="checkbox"/> Have you ever had any type of professional license revoked, suspended, or surrendered? <input type="checkbox"/> <input type="checkbox"/> Are you now, or ever been, addicted to the use of intoxicating liquors or controlled substances?	

NOTE: Applications received after 3:00 PM may be processed the next business day.

By signing I affirm that all information in this form is correct and complete to the best of my knowledge.
I understand that falsification of any information may be grounds for denial or revocation of my license.

Signature of Applicant: _____ Date: _____ / _____ / _____

Contact Us

Phone: (334) 290-3088
Fax: (334) 206-0364

Revised 09/06/2024

**ALABAMA DEPARTMENT OF PUBLIC HEALTH DECLARATION OF U.S.
CITIZENSHIP AND LAWFUL PRESENCE OF AN ALIEN**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), non-immigrants, and certain aliens paroled into the United States are eligible to receive covered state or local public benefits.

With certain exceptions, Alabama Act 2011-535 prohibits aliens unlawfully present in the U.S. from receiving state or local benefits. Every U.S. Citizen applying for a state or local public benefit must sign a declaration of Citizenship, and the lawful presence of an alien in the U.S. must be verified by the Federal Government.

Act 2011-535 also requires every individual applying for a permit or license to demonstrate his/her U.S. citizenship or if the applicant is an alien, he/she must demonstrate his/her lawful presence in the United States.

Directions: This form must be completed and submitted by applicants for health care benefits/services that are not exempt or excluded from citizenship/lawful presence verification requirements. Medicaid/Medicare clients are not required to complete this form as eligibility to receive services has already been determined by Medicaid/Medicare. This form must also be completed by individuals applying for licenses or permits. An individual includes a sole proprietorship, but does not include other business entities such as corporations.

SECTION I --- APPLICANT INFORMATION

NAME: _____
(Print or Type) (Last) (First) (M.I.)

DATE OF BIRTH: _____

APPLYING FOR (Check one): ☐ License/Permit ☐ Health Service

SECTION II --- U.S. CITIZENSHIP OR NATIONAL STATUS

Are you a citizen or national of the United States (check one) ☐ Yes ☐ No

If you checked **YES** and are applying for a **health service**: Complete Section IV (No additional documentation required). If you checked **YES** and are applying for a **license/permit**: (1) Provide an original or legible copy of a document from attached List A or other document demonstrating U.S. citizenship or noncitizen national status, and (2) Complete Section IV.

Name of document provided: _____

If you checked **NO**: Complete Sections III and IV.

SECTION III - ALIEN STATUS

Are you an alien lawfully present in the United States? (Check one) ☐ Yes ☐ No

If you checked **YES**: (1) Provide an original or legible copy of the front and back (if any) of a document from attached List B or other document that demonstrates lawful presence in the United States, and (2) Complete Section IV. Information from the documentation provided will be used to verify lawful presence through the United States Government.

Name of document provided: _____

If you checked **NO**: Complete Section IV.

SECTION IV -- DECLARATION

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge.

APPLICANT OR LEGAL REPRESENTATIVE SIGNATURE

DATE

IF SIGNED BY LEGAL REPRESENTATIVE, RELATIONSHIP TO PATIENT

Health Dept. Employee

Preliminary Guidance on Implementation of Immigration
Law for Licensing/Permitting Programs

LIST A

DOCUMENTS DEMONSTRATING U.S. CITIZENSHIP

- (1) The applicant's driver license or nondriver identification card issued by the division of motor vehicles or the equivalent governmental agency of another state within the United States if the agency indicates on the applicant's driver's license or nondriver identification card that the person has provided satisfactory proof of United States citizenship.
- (2) The applicant's birth certificate that satisfactorily verifies United States citizenship.
- (3) Pertinent pages of the applicant's United States valid or expired passport identifying the applicant and the applicant's passport number.
- (4) The applicant's United States naturalization documents or the number of the certificate of naturalization.
- (5) Other documents or methods or proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, and amendments thereto.
- (6) The applicant's Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number.
- (7) The applicant's consular report of birth abroad of a citizen of the United States of America.
- (8) The applicant's certificate of citizenship issued by the United States Citizenship and Immigration Services.
- (9) The applicant's certification of report of birth issued by the United States Department of State.
- (10) The applicant's American Indian card, with KIC classification, issued by the United States Department of Homeland Security.
- (11) The applicant's final adoption decree showing the applicant's name and United States birthplace.
- (12) The applicant's official United States military record of service showing the applicant's place of birth in the United States.
- (13) An extract from a United States hospital record of birth created at the time of the applicant's birth indicating the applicant's place of birth in the United States.

Ala. Act #2011-535, Section 30(c) and Section 29(k).

LIST B

DOCUMENTS INDICATING QUALIFIED ALIEN STATUS

Evidence of “Qualified Alien” status includes the following:

Alien Lawfully Admitted for Permanent Residence

- Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”); or
- Unexpired Temporary I-551 stamp in foreign passport or on * I Form-94.

Asylee

- Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- Form I-688B (Employment Authorization Card) annotated “274.a12(a)(50”;
- Form I-766 (Employment Authorization Document) annotated “A5”;
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- Form I-94 annotated with stamp showing admission under § 207 of the INA;
- Form I-688B (Employment Authorization Card) annotated “274a.12(a)(3)”;
- Form I-766 (Employment Authorization Document) annotated “A3”

Alien Paroled Into the U.S. for at Least One Year

- Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one year requirement.)

Alien Whose Deportation or Removal Was Withheld

- Form I-688B (Employment Authorization Card) annotated “274a.12(a)(10);
- Form I-766 (Employment Authorization Document) annotated “A10”; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

Alien Granted Conditional Entry

- Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- Form I-688B (Employment Authorization Document) annotated “274a.12(a)(3)”;
- Form I-766 (Employment Authorization Document) annotated “A3.”

Cuban / Haitian Entrant

- Form I-551 (Alien Registration Receipt Card, commonly known as a “green card”) with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as “Cuba/Haitian Entrant” under Section 212(d)(5) of the INA.

Alien Who Has Been Declared a Battered Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation